

Asking for a Divorce or Legal Separation

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your First and Middle Name:

Your Last Name:

Your Street Address:

Your City, State, and Zip:

Your Telephone Number:

Your Spouse's First and Middle Name:

Your Spouse's Last Name:

Type of Case: ☐ Divorce ☐ Legal Separation

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
REQUEST TO ENTER DEFAULT	CASE NUMBER: _____

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
 because (check at least one of the following):
 - (a) ☐ there have been no changes since the previous filing.
 - (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - (d) ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
 - (e) ☐ there are no issues of division of community property.
 - (f) ☐ this is an action to establish parental relationship.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
 - a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
 - b. ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): _____ <input type="checkbox"/> Default entered as requested on (date): _____ <input type="checkbox"/> Default not entered. Reason: _____
Clerk, by _____, Deputy

CASE NAME (Last name, first name of each party):	CASE NUMBER:
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4. **Memorandum of costs**

a. ☐ Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) ☐ Clerk's fees \$.....

(2) ☐ Process server's fees \$.....

(3) ☐ Other (specify): \$.....

..... \$.....

..... \$.....

..... \$.....

TOTAL \$.....

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<div style="text-align: center;">INCOME AND EXPENSE DECLARATION</div>	
CASE NUMBER:	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months here (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year):
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
- c. I file state tax returns in ☐ California ☐ other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

5. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses.	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments.	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income.	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA).	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).	\$ _____
d. Child support that I pay for children from other relationships.	\$ _____
e. Spousal support that I pay by court order from a different marriage.	\$ _____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____
b. Stocks, bonds, and other assets I could easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.
 NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. Attorney fees (This is required if either party is requesting attorney fees.): \$

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: —RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

17. Number of children

- a. I have (*specify number*): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

18. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ _____
 (Do not include the amount your employer pays.)

19. Additional expenses for the children in this case

Amount per month

- | | |
|--|----------|
| a. Child care so I can work or get job training. | \$ _____ |
| b. Children's health care not covered by insurance | \$ _____ |
| c. Travel expenses for visitation | \$ _____ |
| d. Children's educational or other special needs (<i>specify below</i>): | \$ _____ |

20. Special hardships. I ask the court to consider the following special financial circumstances
 (*attach documentation of any item listed here, including court orders*):

Amount per month

For how many months?

- | | | |
|---|----------|-------|
| a. Extraordinary health expenses not included in 19b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children (<i>specify</i>): _____ | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):

21. Other information I want the court to know concerning support in my case (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	
CASE NUMBER:	

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
1.	REAL ESTATE	\$	\$	\$	\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES					
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4.	VEHICLES, BOATS, TRAILERS					

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS					
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

16. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.
NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

INSTRUCTIONS

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ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
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Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

CASE NUMBER

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION AWARD TO	
					PETITIONER	RESPONDENT

	\$
	\$
	\$
	\$
	\$

